

Exemplary Practices Compendium for Public Health in Washington State

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Introduction

In the mid 1990s, the Public Health Improvement Partnership (PHIP) of Washington State established an initiative to develop and implement performance standards for public health. In 2002, the Department of Health and the Washington State Association of Local Public Health Officials (WSALPHO) conducted a baseline evaluation of all 34 local jurisdictions and 38 state level programs using the newly approved standards and measures. As part of the evaluation project, the contractors were directed to collect and evaluate exemplary practices that demonstrate the performance measures. In excess of 750 documents were collected and evaluated against specific criteria. Five criteria were used to identify exemplary practices:

- Optimally demonstrates at least one of the requirements of the measure
- Timely and/or current
- Concise and easy-to-use
- Adaptable to other programs or LHJs, and
- Available electronically or able to be scanned

A majority of the documents met the criteria for exemplary practice. They are included in the compendium as linked documents and organized by the performance measure (s) which they address. By developing an electronic compendium, the state has provided almost instant access to these documents for all programs and jurisdictions. Leaders and staff have the ability, and the responsibility, to adapt and adopt these exemplary practices where they will improve and standardize the practice of public health in Washington State.

How to Use These Materials

To use this compendium, identify the specific measure or measures for which you want to review documentation, find that measure in the 1st column of this form and use the links or document title and source to view the document. The measures are numbered in two ways to reflect the Standards Booklet numbering system and the key management practices (KMP) system. The booklet format uses the abbreviation for the topic area, (Assessment is AS), followed by the number of the standard, and then the number of the measure. For state measures the background for the number of the measure is dark, e.g. AS 1 **1**, and for local measures the number has a clear background, e.g. AS 1 **1**.

The KMP system includes a small font “s” or “L” to the designate whether the measure is local or state level, and the second number is the number of the KMP. For example, the first local measure in Assessment addresses the community involvement key management

practice, and is therefore numbered AS L 1.2.1. Column 1 of the compendium uses both systems to facilitate the user's ability to locate the correct measure.

Please note that the consultants have often included a comment in the 3rd column to clarify the rationale for including a specific document, or to identify further documentation required to fully demonstrate the measure.

Another method for finding exemplary practices is to look at other measures that address the same Key Management Practice, such as Workforce Development (Training). The documents from other topic areas of standards that address the same KMP may contain helpful forms or templates that can be used by other programs or local jurisdictions. The user is also encouraged to review documents from other parts of the public health system, such as LHJs adapting state program documentation and visa versa.

The following table is a crosswalk of the performance measures within the five topic areas of standards as they apply to the eight Key Management Practices. If there is no letter designating state or local within the measure (e.g. CD 1.1.1 vs. CD L 1.2.2) then both DOH programs and LHJs have measures with that number. Some measures do not have any associated exemplary practices materials, but are included here for a complete listing of all measures.

| Standard <i>Key Management Practice</i> | Assessment | Communicable Disease | Environmental Health | Prevention and Promotion | Access |
|---|--|--|--|--|--|
| <i>Public information</i> | | CD 1.1.1 CD 2.1.1 CD 4.1.1 | EH 1.1.1 EH 2.1.1 EH 4.1.1 | PP s 1.1.1 PP s 2.1.1 PP 3.1.1 PP 5.1.1 | AC L 1.1.1 |
| <i>Community & stakeholder involvement</i> | AS 1.2.1 AS 2.2.1 AS s 3.2.1 AS 4.2.1 AS 5.2.1 | CD L 1.2.2 CD L 2.2.2 CD 3.2.1 CD L 3.2.2 CD 4.2.2 CD 5.2.1 | EH 1.2.2 EH 2.2.2 EH 3.2.1 EH s 4.2.2 | PP L 1.2.1 PP s 1.2.2 PP L 2.2.1 PP 2.2.2 PP s 2.2.3 PP s 4.2.1 PP s 5.2.2 | AC s 1.2.2 AC s 2.2.1 AC 3.2.1 AC L 3.2.2 AC s 4.2.1 |
| <i>Governance</i> | AS 2.3.2 AS L 3.3.1 AS L 4.3.2 | CD L 1.3.3 CD L 5.3.2 | | PP L 1.3.2 PP L 4.3.1 | AC L 2.3.3 |
| <i>Policies, procedures & protocols</i> | AS 1.4.2 AS 2.4.3 AS s 3.4.2 AS 4.4.2 AS s 4.4.3 AS 5.4.2 AS L 5.4.3 | CD s 1.4.3 CD L 1.4.4 CD s 2.4.2 CD 2.4.3 CD s 3.4.2 CD L 3.4.3 CD 4.4.3 CD s 5.4.2 CD L 5.4.3 | EH s 1.4.4 EH 2.4.3 EH L 4.4.2 EH s 4.4.4 EH s 4.4.3 | PP 4.4.2 PP L 5.4.2 PP s 5.4.3 | AC L 1.4.2 AC s 2.4.2 AC s 3.4.3 |

| Standard <i>Key Management Practice</i> | Assessment | Communicable Disease | Environmental Health | Prevention and Promotion | Access |
|---|--|--|--|--|--|
| <i>Plans, goals, objectives and evaluation</i> | AS 1.5.3 AS 2.5.4 AS L 3.5.2 AS L 4.5.4 AS s 5.5.3 | CD s 1.5.4 CD L 1.5.5 CD s 3.5.3 CD L 3.5.4 CD s 4.5.4 CD s 5.5.3 CD 5.5.4 | EH 1.5.3 EH 2.5.4 EH L 4.5.3 | PP 1.5.3 PP s 2.5.4 PP s 3.5.2 PP L 3.5.3 PP 4.5.3 PP L 5.5.3 PP s 5.5.4 | AC L 1.5.3 AC L 2.5.2 AC s 3.5.2 AC L 3.5.3 |
| <i>Key indicators to measure and track</i> | AS 1.6.4 AS s 2.6.2 AS L 2.6.5 | CD s 1.6.5 CD L 1.6.6 CD s 3.6.4 CD L 3.6.5 | EH L 1.6.4 EH 3.6.2 EH s 4.6.5 EH L 4.6.4 | PP L 3.6.2 PP s 4.6.4 | AC s 1.6.1 AC L 2.6.1 AC s 2.6.3 |
| <i>Workforce development</i> | AS 1.7.5 AS 3.7.4 AS 5.7.4 AS 5.7.5 | CD L 1.7.7 CD s 1.7.6 CD s 2.7.4 CD L 3.7.6 CD s 3.7.5 CD L 4.7.4 CD s 4.7.5 CD 5.7.5 | EH L 1.7.5 EH s 1.7.6 EH 2.7.5 EH L 4.7.5 EH s 4.7.6 | PP L 2.7.3 PP s 2.7.5 PP L 3.7.4 PP s 3.7.3 PP L 4.7.4 PP s 4.7.5 PP L 5.7.4 PP s 5.7.5 | AC s 2.7.4 AC 4.7.2 |
| <i>Quality improvement</i> | AS 3.8.5 | CD 5.8.6 | EH 3.8.3 | PP s 1.8.4 PP s 3.8.4 PP L 3.8.5 | AC s 3.8.4 AC L 4.8.1 AC s 4.8.3 |

Finally, a few caveats about the contents of this compendium. These exemplary practice documents do not represent all or even the majority of the good models or best practices that are conducted in public health sites in Washington State. The documentation was selected by each site, and only some examples of documentation were requested. A small percentage of documentation that was requested by the consultants was not submitted for review, and therefore was not included in this compendium.

It is expected that this is the first version of a continuously improved electronic collection of public health exemplary practices. Over time, other documents should be added to continue to build and improve this valuable tool for improving the public health system and ultimately the health of the citizens of Washington State.

Understanding Health Issues: Standards for Public Health Assessment

ASSESSMENT Standard 1: Public health assessment skills and tools are in place in all public health jurisdictions and their level is continuously maintained and enhanced.

| NUMBER | MEASURE | BEST PRACTICE DOCUMENTATION AND SOURCE | COMMENTS |
|-----------------------------|--|--|--|
| AS 1 1 AS L 1.2.1 | Current information on health issues affecting the community is readily accessible, including standardized quantitative and qualitative data. | <ol style="list-style-type: none"> 1. Spokane Community Health Survey 1995 & 2002 comparison- 2/02 2. Child Databook 2002 and 3. Profiles of Daily Living 2002 - Grant 4. Chronic Disease Presentation - Island 5. Community Health Profile presentation - Kittitas 6. Facing Spokane Poverty 7. www.metrokc.gov/health/p_hnr/prot_res/epilog/ | |
| AS 1 1 AS s 1.2.1 | Consultation and technical assistance are provided to LHJs and state programs on health data collection and analysis, as documented by logs or reports. Coordination is provided in the development and use of data standards, including definitions and descriptions. | <ol style="list-style-type: none"> 1. www.doh.wa.gov/Data/Guidelines/guidelines.htm 2. Family Planning Trip Report 3. Family Planning Technical Assistance Request Form 4. Child Death Review LHJ TA log 5. Visits to Counties - DOH Tuberculosis Program 6. Redevelopment of Hospital Data Profiles – Maternal and Infant Health | This measure requires demonstration of 2 types of technical assistance; to LHJs and programs on data collection and analysis, and coordination on data definitions and standards. Documents must demonstrate both requirements to fully demonstrate the measure. |
| AS 1 2 AS L 1.4.2 | There is a written procedure describing how and where to obtain technical assistance on assessment issues. | <ol style="list-style-type: none"> 1. 2002 Data Request/Data Presentation Tracking Form –Jefferson 2. Community Health Assessment -- Chelan-Douglas 3. Community Assessment Center homepage - Spokane | |

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| AS 1 2 AS s 1.4.2 | Written procedures are maintained and disseminated for how to obtain consultation and technical assistance for LHJs or state programs regarding health data collection and analysis, and program evaluation. | <ol style="list-style-type: none"> 1. HIV implementation letter-99 2. Washington Infancy Report | |
| AS 1 3 AS L 1.5.3 | Goals and objectives are established for assessment activities as a part of LHJ planning, and staff or outside assistance is identified to perform the work. | <ol style="list-style-type: none"> 1. Assessment Project Chart – Spokane 2. FY 2003 Work Plan - Whatcom 3. Local Capacity Development Funds – SWWHD 4. EPE Workplan 2002 - PHSKC 5. 5/7 BOH report - Skagit | |
| AS 1 3 AS s 1.5.3 | Goals and objectives are established for assessment activities as a part of DOH planning, and resources are identified to perform the work. | <ol style="list-style-type: none"> 1. Performance Indicators – DOH Strategic Plan 2. Goal 9 – use of public health info – DOH Strategic Plan | |
| AS 1 4 AS 1 4 AS L 1.6.4 AS s 1.6.4 | Information on health issues affecting the community (and/or) State is updated regularly and includes information on communicable disease, environmental health and data about health status. Data being tracked have standard definitions, and standardized qualitative or quantitative measures are used. Computer hardware and software is available to support word processing, spreadsheets, with basic analysis capabilities, databases and | <ol style="list-style-type: none"> 1. www.metrokc.gov/health/p_hnr/prot_res/epilog/ 2. www.doh.wa.gov/HWS/default.htm 3. Spokane Counts 2002: Health and Social Indicators 4. Inventory of External and Internal Databases- Spokane 5. Community Health Assessment Indicator List:2002-2003 - SWWHD 6. Health Issue Synopsis - Island 7. 2001 Behavioral Risk Factor Survey (BRFSS) 8. Computer technology team | <p>Full demonstration of this measure requires 3 elements:</p> <ul style="list-style-type: none"> • Report or spreadsheet of CD, EH and health issue data, • Documentation of data definitions, and • Documentation of programs or applications to support monitoring and reporting of indicators. <p>Therefore, several of these documents would be required to fully demonstrate the measure.</p> |

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| | Internet access. | mission - DIRM | |
| AS 1 5 AS 1 5 AS L 1.7.5 AS s 1.7.5 | Staff who perform assessment activities have documented training and experience in epidemiology, research, and data analysis. Attendance at training and peer exchange opportunities to expand available assessment expertise is documented. | 1. Continuing Education Meeting Record – Whatcom 2. Health Information Administrator Job Description - Whatcom 3. Epidemiologist Position Description - Snohomish | This measure requires demonstration of staff training and experience in 3 areas. Evidence to fully demonstrate the measure may be shown in job descriptions such as these 2, and training documentation such as the Whatcom training log. |

ASSESSMENT Standard 2: Information about environmental threats and community health status is collected, analyzed and disseminated at intervals appropriate for the community.

| NUMBER | MEASURE | BEST PRACTICE DOCUMENTATION AND SOURCE | COMMENTS |
|-----------------------------|---|---|----------|
| AS 2 1 AS L 2.2.1 | Assessment data is provided to community groups and representatives of the broader community for review and identification of emerging issues that may require investigation. | <ol style="list-style-type: none"> 1. Interdisciplinary Task Force on Antibiotic Resistance – TPCHD 2. Antibiotic Resistance Program Year 2001 Annual Report-TPCHD 3. Health Issue Synopsis - Island 4. Collaborative Assessment Summary – San Juan | |
| AS 2 1 AS s 2.2.1 | Reports are provided to LHJs and other groups. The reports provide health information analysis and include key health indicators tracked over time. | <ol style="list-style-type: none"> 1. www.doh.wa.gov/HWS/default.htm 2. www.doh.wa.gov/EHSPHL/CHS/chs-data/main.htm 3. STD Services at Family Planning and STD Clinics 4. Advisory Committee on Childhood Lead Screening | |
| AS 2 2 AS L 2.3.2 | The Board of Health receives information on local health indicators at least annually. | <ol style="list-style-type: none"> 1. Board of Health Minutes 6/8/2000– SWWHD 2. Presentation to BOH re Clark Co - SWWHD 3. Activity Report - Kittitas 4. BOH Summary of Topics Index - Jefferson | |
| AS 2 2 AS s 2.6.2 | A core set of health status indicators is used as the basis for continuous monitoring of the health status of the state, and results are published at scheduled intervals. A surveillance system using monitoring data is maintained to signal changes in priority health issues. | <ol style="list-style-type: none"> 1. www.doh.wa.gov/HWS/default.htm 2. http://www.doh.wa.gov/EHSPHL/CHS/chs-data/main.htm | |

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| AS 2 3 AS 2 3 AS L 2.4.3 AS s 2.4.3 | Assessment procedures describe how population level investigations are carried out for documented or emerging health issues and problems. The procedures included expected time frames for response. | 1. Risk Factor Ballot - Pacific 2. www.doh.wa.gov/EHSPHL/Epidemiology/NICE/publications/ClusterProt.pdf 3. 2001 Behavioral Risk Factor Survey (BRFSS) | |
| AS 2 4 AS 2 4 AS L 2.5.4 AS s 2.5.4 | Assessment investigations of changing or emerging health issues are part of the LHJ's or DOH's annual goals and objectives. | 1. Assessment Project Chart – Spokane 2. FY 2002 Work Plan – Whatcom 3. EPE Workplan 2002 - PHSKC 4. Department of Health Strategic Plan 5. Strategic Plan Matrix Tool - DOH | |
| AS 2 5 AS L 2.6.5 | A core set of health status indicators, which may include selected local indicators, is used as the basis for continuous monitoring of the health status of the community. A surveillance system using monitoring data is maintained to signal changes in priority health issues. | 1. Community Health Assessment Indicator List:2002-2003 - SWWHD 2. www.metrokc.gov/health/p_hnr/prot_res/epilog/ 3. Spokane Counts 2002: Health and Social Indicator Report 4. FY2003 Work Plan - Whatcom | |

ASSESSMENT Standard 3: Public health program results are evaluated to document effectiveness.

| NUMBER | MEASURE | BEST PRACTICE DOCUMENTATION AND SOURCE | COMMENTS |
|--|---|---|----------|
| AS 3 1 AS L 3.3.1 | The annual report to the BOH includes progress toward program goals. | 1. State of Spokane's Health 2002 2. 2001 Accomplishments - TPCHD | |
| AS 3 1 AS s 3.2.1 | Consultation and technical assistance are provided to LHJs and state programs on program evaluation, as documented by case write-ups or logs. | 1. Evidence-based public health training 2. Local Process Objectives - CDR | |
| AS 3 2 AS 3 2 AS L 3.5.2 AS s 3.4.2 | There is a written procedure for using appropriate data to evaluate program effectiveness. Programs, whether provided directly or contracted, have written goals, objectives, and performance measures, and are based on relevant research. | 1. Program Evaluation Form- Kittitas 2. Family Planning Team Roadmap -SWWHD 3. Family Planning Logic Model - SWWHD 4. Community Health Division Balanced Scorecard - Snohomish 5. Assessment and Evaluation of the Immunization Program- Pacific 6. Performance Measures Tracking - FSSP 7. CHILD Profile Goals and Performance Measures - 2002 8. CHILD Profile Evaluation Plan | |
| AS 3 3 AS 3 3 AS L 3.5.3 AS s 3.5.3 | Program performance measures are monitored, the data is analyzed, and regular reports document the progress towards goals. | 1. BCHP 1st Q report 2002 - Yakima 2. Family Planning Quality Assurance and Audit - Pacific 3. Clinical Quality Improvement Report 1st Quarter 2002 - Pacific | |

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| | | 4. HIV prevention project progress report 5. Healthy Mothers, Healthy Babies Contract | |
| AS 3 4 AS 3 4 AS L 3.7.4 AS s 3.7.4 | LHJ program (and state) staff have training in methods to evaluate performance against goals and assess program effectiveness (state measure- “as evidenced by documentation of staff training”). | 1. Program Evaluation presentation - SWWHD 2. HIV Evaluation Reports - IDRH | 1. This course demonstrates the measure because it is labeled specifically for SWWHD and there was evidence of staff attendance. 2. Need to include evidence of staff attendance to fully demonstrate the measure. |
| AS 3 5 AS 3 5 AS L 3.8.5 AS s 3.8.5 | Changes in activities that are based on analysis of key indicator data or performance measurement data are summarized as a part of quality improvement activities. | 1. Tuberculosis Quality Improvement Matrix - Grays Harbor 2. ELT Scorecard Worksheet- Snohomish 3. BCHP Quality Improvement Action Plan- Yakima 4. Family Planning Quality Assurance and Audit - Pacific 5. Childhood Blood Lead Level Screening Recommendations 6. CHILD Profile 2002 Evaluation Plan | |

ASSESSMENT Standard 4: Health policy decisions are guided by health assessment information, with involvement of representative community members.

| NUMBER | MEASURE | BEST PRACTICE DOCUMENTATION AND SOURCE | COMMENTS |
|--|--|---|---|
| AS 4 1 AS L 4.2.1 | There is documentation of community involvement in the process of reviewing data and recommending action such as further investigation, new program effort or policy direction. | <ol style="list-style-type: none"> 1. Opiate Use in Thurston / Mason Counties 2. Town Hall Participants – Thurston/Mason 3. CHP presentation 01/02 - Kittitas 4. BOH Meeting Summary - Jefferson 5. Strategy Map - Snohomish | |
| AS 4 1 AS s 4.2.1 | There is documentation of stakeholder involvement in DOH health assessment and policy development. | <ol style="list-style-type: none"> 1. Childhood Blood Lead Screening - Advisory Committee | Documentation must include evidence of stakeholder involvement in recommendations for policy development, as demonstrated in this document. |
| AS 4 2 AS L 4.3.2 | The annual report to the BOH summarizes assessment data, including environmental health, and the recommended actions for health policy decisions as evidenced through program, budget, and grant applications. | <ol style="list-style-type: none"> 1. Building Environmental Health Services Capacity – Island CHD 2. FY 2003 Work Plan - Whatcom | |
| AS 4 3 AS 4 2 AS L 4.4.3 AS s 4.4.2 | There is a written protocol for developing recommendations for action using health assessment information to guide health policy decisions. | <ol style="list-style-type: none"> 1. Assessment Linked to Health Policy Decisions - Spokane 2. Using Data to Learn More - Grant CHD 3. King County Board of Health Briefing Template - PHSKC | |
| AS 4 3 AS s 4.4.3 | State health assessment data is linked to health policy decisions, as evidenced through | <ol style="list-style-type: none"> 1. Child Health Enhancements – Decision Package 2. AIDS Prescription Drug Program Caseload – | |

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| | legislative requests, budget decisions, programs or grants. | Decision Package | |
| AS 4 4 AS L 4.5.4 | Key indicator data and related recommendations are used in evaluating goals and objectives. | <ol style="list-style-type: none"> 1. www.metrokc.gov/health/kchap/HAP_BalancePoints.pdf 2. Health Action Plan -3 Year Summary - PHSKC | |

ASSESSMENT Standard 5: Health data is handled so that confidentiality is protected and health information systems are secure.

| NUMBER | MEASURE | BEST PRACTICE DOCUMENTATION AND SOURCE | COMMENTS |
|--|---|--|--|
| AS 5 1 AS 5 1 AS L 5.2.1 AS s 5.2.1 | Community members and stakeholders that receive data have demonstrated agreement to comply with confidentiality policies and practices, as appropriate. | <ol style="list-style-type: none"> 1. Assurance of Confidentiality - TPCDH 2. Data Sharing Agreement – Center for Health Statistics 3. Use and Disclosure of Identifiable Data - NICE | Confidentiality and Data Sharing agreements must be signed to fully demonstrate the measure. |
| AS 5 2 AS 5 2 AS L 5.4.2 AS s 5.4.2 | There are written policies regarding confidentiality. Written policies, including data sharing agreements, govern the use, sharing and transfer of data within the LHJ and with partner agencies. Written protocols are followed for assuring protection of data (passwords, firewalls, backup systems) and data systems. | <ol style="list-style-type: none"> 1. Qualified Service Organization Agreement - Snohomish 2. Protecting Confidentiality of Personal Health Information - Thurston 3. Keeping Confidentiality of Health Care Information- Whatcom 4. Investigating Breaches Of Confidentiality-Whatcom 5. Confidentiality Policy & Procedures - CHS 6. Data Sharing Agreement – DIRM 7. Instructions for Completing the Data Sharing Agreement – DIRM 8. Information Technology Security Policy- DIRM 9. Employee Responsibilities with Confidential Information – DOH 10. Volunteers – PHL Policy | <p>Full demonstration of this measure requires 3 elements:</p> <ul style="list-style-type: none"> • Written policies that describe: • Data sharing agreements that govern the use, sharing and transfer of data, and • Demonstration that data security protocols are followed. <p>All 3 elements must be present to fully demonstrate the measure.</p> |
| AS 5 3 AS 5 3 AS L 5.4.3 AS s 5.5.3 | All program data are submitted to local, state, regional and federal agencies in a confidential and secure manner. | <ol style="list-style-type: none"> 1. File Transfer Method - CHS | |

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| AS 5 4 AS 5 4 AS L 5.7.4 AS s 5.7.4 | Employees are trained regarding confidentiality, including those who handle patient information and clinical records, as well as those handling data. | 1. Confidentiality Training-Whatcom 2. Orientation Checklist - Whatcom | |
| AS 5 5 AS 5 5 AS L 5.7.5 AS s 5.7.5 | All employees and BOH members, as appropriate, have signed confidentiality agreements. | 1. Confidentiality Statement - Whatcom | Example of blank confidentiality form. Signed forms are required to fully demonstrate this measure. |

Protecting People from Disease: Standards for Communicable Disease and Other Health Risks

COMMUNICABLE DISEASE Standard 1: A surveillance and reporting system is maintained to identify emerging health threats.

| NUMBER | MEASURE | BEST PRACTICE DOCUMENTATION AND SOURCE | COMMENTS |
|--|---|---|--|
| CD 1 1 CD 1 1 CD L 1.1.1 CD s 1.1.1 | Information is provided on how to contact the LHJ/DOH to report a public health concern 24 hours per day. Law enforcement has current local and state 24-hour emergency contact lists. | <ol style="list-style-type: none"> 1. CD mouse pad - Cowlitz 2. Emergency Phone Number for Public Health – Snohomish 3. Updated Emergency Contact Numbers – After Hours - Okanogan | Mouse pad is included as an innovative method for publicizing 24-hour CD number. Documentation of distribution of the mouse pad to all required recipients is needed to fully demonstrate this measure. |
| CD 1 2 CD L 1.2.2 | Health care providers and laboratories know which diseases require reporting, have timeframes, and have 24-hour local contact information. There is a process for identifying new providers in the community and engaging them in the reporting process. | <ol style="list-style-type: none"> 1. Network of Nurses - TPCHD 2. Notifiable Conditions Poster - TPCHD 3. Summary From Provider Survey Re Reportable Diseases – Whatcom 4. Site Visit Assessment Supplement 2002 - Whatcom 5. Liaisons Healthcare Visits - Spokane | |
| CD 1 2 CD s 1.2.2 | Consultation and technical assistance are provided to LHJs on surveillance and reporting, as documented by case summaries or reports. Laboratories and health care providers, including new licensees, are provided with information on disease reporting requirements, timeframes, and a 24-hour DOH point of contact. | <ol style="list-style-type: none"> 1. www.doh.wa.gov/Publicat/EpiTrends/01-02_EpiTrends/2002_trend.htm 2. www.doh.wa.gov/EHSPHL/Epidemiology/CD/AnnualCDReports/2000/00TableIndex.htm 3. www.doh.wa.gov/notify/list.htm | This measure requires demonstration of both consultation and technical assistance and that laboratories and health care providers are notified of reporting requirements. If only one requirement is demonstrated it is partial. |

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| CD 1 3 CD L 1.3.3 | The local BOH receives an annual report, one element of which summarizes communicable disease surveillance activity. | <ol style="list-style-type: none"> 1. Communicable Disease Transmission - Island 2. Antibiotic Resistance Program-TPCHD 3. BOH Presentation 1/7/02 - Thurston 4. BOH Presentation 07/02 - PHSKC | |
| CD 1 3 CD s 1.4.3 | Written procedures are maintained and disseminated for how to obtain state or federal consultation and technical assistance for LHJs. Assistance includes surveillance, reporting, disease intervention management during outbreaks or public health emergencies, and accuracy and clarity of public health messages. | <ol style="list-style-type: none"> 1. Outbreak Response for 2001 – IDRH 2. www.doh.wa.gov/notify/other/list.pdf 3. www.doh.wa.gov/notify/list.htm | |
| CD 1 4 CD L 1.4.4 | Written protocols are maintained for receiving and managing information on notifiable conditions. The protocols include role-specific steps to take when receiving information as well as guidance on providing information to the public. | <ol style="list-style-type: none"> 1. Responding to CD Outbreaks - PHSKC 2. Handling Reports of Notifiable Conditions- Thurston 3. Response to Report of Notifiable Condition - Pacific 4. Notifiable Disease Tracking Form-Pacific 5. Infectious Disease Procedures-Administrator On-Call - SWWHD 6. PHN On-Call for C D - SWWHD 7. Reporting Communicable Diseases - Klickitat | |
| CD 1 4 CD s 1.5.4 | Annual goals and objectives for communicable disease are a part of the DOH planning process. Key indicators and | No exemplary practices identified. | |

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| | implications for investigation, intervention or education efforts are documented. | | |
| CD 1 5 CD L 1.5.5 | Communicable disease key indicators and implications for investigation, intervention or education efforts are evaluated annually. | 1. 2003 Performance Measures: Community Health - Jefferson 2. FY 2003 Work Plan – Whatcom | |
| CD 1 5 CD s 1.6.5 | A statewide database for reportable conditions is maintained, surveillance data are summarized and disseminated to LHJs at least annually. Uniform data standards and case definitions are updated and published at least annually. | 1. Morbidity Reports – STD 2. www.metrokc.gov/health/p_hnr/prot_res/epilog/ 3. www.doh.wa.gov/EHSPHL/Epidemiology/CD/HTML/AnnualCDReports.htm | |
| CD 1 6 CD L 1.6.6 | A communicable disease tracking system is used which documents the initial report, investigation, findings and subsequent reporting to state and federal agencies. | 1. Description of PHIMS 2. PHIMS presentation | |
| CD 1 7 CD 1 7 CD L 1.7.7 CD s 1.7.6 | Staff members receive training on communicable disease reporting, as evidenced by local protocols. | 1. Training log - TPCHD | |

COMMUNICABLE DISEASE Standard 2: Response plans delineate roles and responsibilities in the event of communicable disease outbreaks and other health risks that threaten the health of people.

| NUMBER | MEASURE | BEST PRACTICE DOCUMENTATION AND SOURCE | COMMENTS |
|-----------------------------|---|---|---|
| CD 2 1 CD L 2.1.1 | Phone numbers for weekday and after-hours emergency contacts are available to DOH and appropriate local agencies, such as schools and public safety. | 1. Notifiable Conditions Poster - TPCHD 2. Emergency Phone Number for Public Health - Snohomish | |
| CD 2 1 CD s 2.1.1 | Phone numbers for after-hours contacts for all local and state public health jurisdictions are updated and disseminated statewide at least annually. | 1. DOH Red Book | |
| CD 2 2 CD L 2.2.2 | A primary contact person or designated phone line for the LHJ is clearly identified in communications to health providers and appropriate public safety officials for reporting purposes. | 1. Emergency Phone Number for Public Health - Snohomish | |
| CD 2 2 CD s 2.4.2 | Written policies or procedures delineate specific roles and responsibilities for state response to disease outbreaks or public health emergencies. There is a formal description of the roles and relationship between communicable disease, environmental health and program administration. Variations from overall | 1. Outbreak Response for 2001 – IDRH 2. www.doh.wa.gov/hsqa/emtp/pub&rept.htm | This measure includes 3 requirements; that policies or procedures that describing specific state roles be demonstrated, and that the descriptions explicitly describe the relationship between CD, EH and administrative roles, and that variations are identified in protocols. The documents included for this measure do not demonstrate all 3 requirements and therefore only partially demonstrate the |

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| | process are identified in disease-specific protocols. | | measure. |
| CD 2 3 CD L 2.4.3 | Written policies or procedures delineate specific roles and responsibilities within agency divisions for local response and case investigations of disease outbreaks and other health risks. | <ol style="list-style-type: none"> 1. Health Event Flowsheet – TPCHD 2. Incoming Emergency Phone Call - Spokane 3. Communicable Disease Outbreak Flow Sheet-Jefferson 4. Staff Emergency Manual-Table of Contents - Kittitas 5. Foodborne Illness / Communicable Disease Outbreak Plan - Snohomish 6. Process for PSA Press Release for Air Quality – Chelan-Douglas 7. Front Desk Procedures - Klickitat | Note: The Klickitat Reporting Communicable Diseases document is just one of numerous procedure documents for the operations of the front desk including Family Planning, MSS, Immunizations, and WIC. Please contact Klickitat directly regarding these procedures to improve or standardize front desk operations. |
| CD 2 3 CD s 2.4.3 | Written procedures describe how expanded lab capacity is made readily available when needed for outbreak response, and there is a current list of labs having the capacity to analyze specimens. | No exemplary practices identified. | |
| CD 2 4 CD s 2.7.4 | DOH staff members receive training on the policies and procedures regarding roles and responsibilities for response to public health threats, as evidenced by protocols. | No exemplary practices identified. | Documentation for this measure should be training documentation such as logs, not protocols as stated in the measure. (This error to be corrected in the next version of the standards.) |

COMMUNICABLE DISEASE Standard 3: Communicable disease investigation and control procedures are in place and actions documented.

| NUMBER | MEASURE | BEST PRACTICE DOCUMENTATION AND SOURCE | COMMENTS |
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| CD 3 1 CD L 3.2.1 | Lists of private and public sources for referral to treatment are accessible to LHJ staff. | 1. www.crisisclinic.org/wtt.htm 2. Hospital Phone List - PHSKC | |
| CD 3 1 CD s 3.2.1 | Consultation and staff time are provided to LHJs for local support of disease intervention management during outbreaks or public health emergencies, as documented by case write-ups. Recent research findings relating to the most effective population-based methods of disease prevention and control are provided to LHJs. Labs are provided written protocols for the handling, storage and transportation of specimens. | 1. Rabies Prevention Guidelines Monograph for Practitioners | This rabies document only partially demonstrates the measure because it does not demonstrate providing protocols to laboratories. Full demonstration of this measure requires 3 elements: <ul style="list-style-type: none"> • Case write-ups of consultation provided to LHJs, • Recent research findings of effective methods for disease prevention, and • Documentation of providing protocols to labs for specimen handling. All 3 elements must be present to fully demonstrate the measure. |
| CD 3 2 CD L 3.2.2 | Information is given to local providers through public health alerts and newsletters about managing reportable conditions. | 1. Health Alert Network Log-Cowlitz 2. Pierce County Medical Society Journal, April, 2002 - TPCHD 3. Hepatitis C info packet - Grant 4. Communicable Disease Newsletter – Okanogan 5. www.doh.wa.gov/Publicat/EpiTrends/01-02_EpiTrends/2002_trend.htm | The Cowlitz alert log is a good template, but would need to be completed to fully demonstrate the measure. |

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| CD 3 2 CD s 3.4.2 | DOH leads statewide development and use of a standardized set of written protocols for communicable disease investigation and control, including templates for documentation. Disease-specific protocols identify information about the disease, case investigation steps, reporting requirements, contact and clinical management (including referral to care), use of emergency biologics, and the process for exercising legal authority for disease control (including non-voluntary isolation). Documentation demonstrates staff member actions are in compliance with protocols and state statutes. | 1. www.doh.wa.gov/notify/list.htm | This measure requires documentation of audits or evaluation of staff members' performance to assure that staff actions are in compliance. The web-based notifiable conditions function therefore only partially meets this measure. |
| CD 3 3 CD L 3.4.3 | Communicable disease protocols require that investigation begin within 1 working day, unless a disease-specific protocol defines an alternate time frame. Disease-specific protocols identify information about the disease, case investigation steps, reporting requirements, contact and clinical management (including referral to care), use of emergency biologics, and the process for exercising legal authority for disease | 1. Communicable Disease Manual - Thurston 2. Health Officer Order - Lewis 3. Public Health Control over Cases of CD in Sensitive Settings-Yakima 4. PHIMS fact sheet | All 4 documents only partially demonstrate the measure because there is no documentation presented to demonstrate that staff actions are in compliance with protocols, such as case audit results. |

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| | control (including non-voluntary isolation). Documentation demonstrates staff member actions are in compliance with protocols and state statutes. | | |
| CD 3 3 CD s 3.5.3 | An annual evaluation of a sample of state communicable disease investigation and consultations is done to monitor timeliness and compliance with disease-specific protocols. | No exemplary practices identified. | |
| CD 3 4 CD L 3.5.4 | An annual evaluation of a sample of communicable disease investigations is done to monitor timeliness and compliance with disease-specific protocols. | <ol style="list-style-type: none"> 1. Performance Statistics Measures - PHSKC 2. CD Quality Improvement Matrix - Grays Harbor 3. Chart Review Summary - Grays Harbor 4. Quarterly PHIMS Review – Grays Harbor | Documentation of a completed evaluation of CD investigations is needed to fully demonstrate this measure. |
| CD 3 4 CD s 3.6.4 | DOH identifies key performance measures for communicable disease investigations and consultation. | <ol style="list-style-type: none"> 1. Strategic Plan Key Performance Indicators | |
| CD 3 5 CD L 3.6.5 | LHJs identify key performance measures for communicable disease investigation and enforcement actions. | <ol style="list-style-type: none"> 1. CD Quality Improvement Matrix - Grays Harbor 2. Strategic Work Plan- Cowlitz 3. 2003 Performance Measures: Community Health – Jefferson 4. 2003 CD Work Plan - Whatcom | |

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| CD 3 6 CD 3 6 CD L 3.7.6 CD s 3.7.5 | Staff members conducting disease investigations have appropriate skills and training as evidenced in job descriptions and resumes. | No exemplary practices identified. | |
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COMMUNICABLE DISEASE Standard 4: Urgent public health messages are communicated quickly and clearly and actions are documented.

| NUMBER | MEASURE | BEST PRACTICE DOCUMENTATION AND SOURCE | COMMENTS |
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| CD 4 1 CD L 4.1.1 | Information is provided through public health alerts to key stakeholders and press releases to the media. | 1. www.metrokc.gov/health/news/press.htm | |
| CD 4 1 CD s 4.1.1 | A communication system is maintained for rapid dissemination of urgent public health messages to the media and other state and national contacts. | 1. XPEDITE – Office of Communications | |
| CD 4 2 CD L 4.2.2 | A current contact list of media and providers is maintained and updated at least annually. This list is in the communicable disease manual and at other appropriate departmental locations. | No exemplary practices identified. | Many examples of media lists were reviewed, but none identified as exemplary practice. |
| CD 4 2 CD s 4.2.2 | A communication system is maintained for rapid dissemination of urgent public health messages to LHJs, other agencies and health providers. Consultation is provided to LHJs to assure the accuracy and clarity of public health information associated with an outbreak or public health emergency, as documented by case write-up. State-issued announcements are shared with LHJs in a | 1. XPEDITE – Office of Communications | The “Xpedite” system demonstrates the requirement for a system for rapid dissemination of messages and partially meets this measure. Documentation of a case example and of sharing of state-issued announcements with LHJs are required to fully demonstrate the measure. |

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| | timely manner. | | |
| CD 4 3 CD L 4.4.3 | Roles are identified for working with the news media. Policies identify the timeframes for communication and the expectations of all staff regarding information sharing and response to questions, as well as the steps for creating and distributing clear and accurate public health alerts and media releases. | <ol style="list-style-type: none"> 1. Health Alerts of Communicable Diseases to Providers or Media – Cowlitz 2. Process for PSA Release – Chelan-Douglas 3. Media Relations Guidelines – Spokane 4. Media Policy- PHSKC 5. Issuing Public Health Notices and Alerts – Spokane | |
| CD 4 3 CD s 4.4.3 | Roles are identified for working with the news media. Written policies identify the timeframes for communication and the expectations of all staff regarding information sharing and response to questions, as well as the steps for creating and distributing clear and accurate public health alerts and media releases. | <ol style="list-style-type: none"> 1. Communications Office News Release Checklist 2. Public Health and Risk Communication – Communications Office for SWWHD 3. Working With Reporters: Tips and Traps – Communications Office for SWWHD 4. Key Messages – Communications Office for SWWHD 5. Health Advisory Summary – Drinking Water | |
| CD 4 4 CD 4 5 CD L 4.7.4 CD s 4.7.5 | Staff who have lead roles in communicating urgent messages have been trained in risk communications. | <ol style="list-style-type: none"> 1. Continuing Ed Meeting Record – Whatcom 2. All Staff Training Day - Office of Communications for SWWHD | Documentation of both staff with lead roles in communication and attendance at risk communication sessions is required to fully demonstrate this measure. |
| CD 4 4 CD s 4.5.4 | Communication issues identified in outbreak response evaluations are addressed in writing with future goals and objectives in the communicable disease quality improvement plan. | No exemplary practices identified. | |

COMMUNICABLE DISEASE Standard 5: Communicable disease and other health risk responses are routinely evaluated for opportunities for improving public health system response.

| NUMBER | MEASURE | BEST PRACTICE DOCUMENTATION AND SOURCE | COMMENTS |
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| CD 5 1 CD L 5.2.1 | An evaluation for each significant outbreak response documents what worked well and what process improvements are recommended for the future. Feedback is solicited from appropriate entities, such as hospitals and providers. Meetings are convened to assess how the outbreak was handled, identify issues and recommend changes in response procedures. | <ol style="list-style-type: none"> 1. Outbreak Meeting Checklist Questions - Whatcom 2. Threat, Outbreak or Exposure Summary - Whatcom 3. Threat, Outbreak or Exposure Summary Template - Whatcom 4. Post Investigation Review and Debriefing Tool - Grays Harbor | |
| CD 5 1 CD s 5.2.1 | Timely information about best practices in disease control is gathered and disseminated. Coordination is provided for a state and local debriefing to evaluate extraordinary disease events that required a multi-agency response; a written summary of evaluation findings and recommendations is disseminated statewide. | <ol style="list-style-type: none"> 1. www.doh.wa.gov/Publicat/2003_News/03-015.htm 2. www.doh.wa.gov/Publicat/2003_News/03-004.htm | |
| CD 5 2 CD L 5.3.2 | Findings and policy recommendations for effective response efforts are included in reports to the BOH. | No exemplary practices identified. | |
| CD 5 2 CD s 5.4.2 | Model plans, protocols and evaluation templates for response to disease | 1. Outbreak Response for 2001 - IDRH | This document only partially demonstrates the measure due to lack of documentation of |

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| | outbreaks or public health emergencies are developed and disseminated to LHJs. | | distribution to LHJs. |
| CD 5 3 CD L 5.4.3 | Local protocols are revised based on local review findings and model materials disseminated by DOH. | 1. Protocol for Chemoprophylaxis – Klickitat 2. Rabies Protocol – San Juan | Rabies protocols were reviewed in numerous sites. The San Juan protocol is one example. |
| CD 5 3 CD s 5.5.3 | Model materials are revised based on evaluation findings, including review of outbreaks. | No exemplary practices identified. | |
| CD 5 4 CD 5 4 CD L 5.5.4 CD s 5.5.4 | Issues [“Response issues” in state measure] identified in outbreak evaluations are addressed in future goals and objectives for communicable disease programs. | 1. 2002 CD Scorecard - Snohomish 2. FY 2003 Work Plan – Whatcom | To fully demonstrate this measure, the issues identified in outbreak evaluations should be directly linked to the goals and objectives for CD. |
| CD 5 5 CD L 5.7.5 | Staff training in communicable disease and other health risk issues is documented. | 1. Continuing Education Meeting record 2002 – Whatcom | |
| CD 5 5 CD s 5.7.5 | Staff members are trained in surveillance, outbreak response and communicable disease control, and are provided with standardized tools. | No exemplary practices identified. | |
| CD 5 6 CD 5 6 CD L 5.8.6 CD s 5.8.6 | A debriefing process for review of response to public health threats or disease outbreaks is included in the quality improvement plan and includes consideration of surveillance, staff roles, investigation procedures, and communication. | 1. CD Quality Improvement Matrix-Grays Harbor 2. 2002 CD Scorecard - Snohomish | |

Assuring a Safe, Healthy Environment for People: Standards for Environmental Health

ENVIRONMENTAL HEALTH Standard 1: Environmental health education is a planned component of public health programs.

| NUMBER | MEASURE | BEST PRACTICE DOCUMENTATION AND SOURCE | COMMENTS |
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| EH 1 1 EH 1 1 EH L 1.1.1 EH s 1.1.1 | Information is provided to the public about [local and] state level environmental health educational programs through brochures, flyers, newsletters, websites and other mechanisms. | Most LHJ websites provide information as well as many other hard copy materials. Four good examples are: 1. www.metrokc.gov/health 2. www.televar.com/~storyg/cdhd.htm 3. www.co.thurston.wa.us/health/ehadm/index.html 4. www.doh.wa.gov/ehp/trainings.htm | Web-based examples are used due to the electronic access. |
| EH 1 2 EH 1 2 EH L 1.2.2 EH s 1.2.2 | There are documented processes for involving community members and stakeholders in addressing environmental health issues including education and the provision of technical assistance. | 1. Water Recreational Illness Community meeting – Whatcom 2. Environmental Health Education – Benton-Franklin 3. Community Health Process - Island 4. Food Program Monthly Report – Food Safety and Shellfish | |
| EH 1 3 EH L 1.5.3 | A plan for environmental health education exists and includes goals, objectives and learning outcomes. | 1. Environmental Health Education work plan- 2002 – Whatcom 2. EETAC 2002 Workplan - Thurston 3. On-Site Sewage Certification Program Goals - Lewis 4. Environmental Health Education – Benton-Franklin | |

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| EH 1 3 EH s 1.5.3 | A plan for environmental health education exists, with goals, objectives and learning outcomes. There is an evaluation process for health education offerings that is used to revise curricula. | <ol style="list-style-type: none"> 1. Summary of Nuclear Safety Training Program – Radiation Protection 2. Drinking Water - Performance Measures Development Table (6/10/02) 3. Drinking Water Vision 4. Drinking Water Values | The Drinking Water vision and values statements are included with the performance measures development table to illustrate the connection between vision, values, goals, and measures for performance. |
| EH 1 4 EH L 1.6.4 | The environmental health education plan identifies performance measures for education programs. There is an evaluation process for health education offerings that is used to revise curricula. | <ol style="list-style-type: none"> 1. LCDF Environmental Health Education Initiative 2001 report – Benton-Franklin 2. Office of Child Care Policy Quality Enhancement Grant - Snohomish 3. An Evaluation of a Handwashing Promotional Program in Elementary Schools - TPCHD 4. Water Recreational Illness Prevention Project - Whatcom | |
| EH 1 4 EH s 1.4.4 | Environmental health education services are provided in conformance with the statewide plan. | No exemplary practices identified. | |
| EH 1 5 EH 1 6 EH L 1.7.5 EH s 1.7.6 | Staff members conducting environmental health education have appropriate skills and training as evidenced by job descriptions, resumes or training documentation. | No exemplary practices identified. | |
| EH 1 5 EH s 1.6.5 | The environmental health education plan identifies performance measures for education programs that are monitored and analyzed on a routine basis. | <ol style="list-style-type: none"> 1. Drinking Water - Performance Measures Development Table (6/10/02) | |

ENVIRONMENTAL HEALTH Standard 2: Services are available throughout the state to respond to environmental events or natural disasters that threaten the public's health.

| NUMBER | MEASURE | BEST PRACTICE DOCUMENTATION AND SOURCE | COMMENTS |
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| EH 2 1 EH 2 1 EH L 2.1.1 EH s 2.1.1 | Information is provided to the public on how to report environmental health threats or public health emergencies, 24 hours a day; this includes a phone number. | <ol style="list-style-type: none"> 1. Foodborne Illness Reporting. – Benton-Franklin 2. Laminated Emergency card Radiation Protection 3. 24-Hour Notification Capability – Radiation Protection 4. Radiation Emergency Booklet – Radiation Protection | |
| EH 2 2 EH L 2.2.2 | Appropriate stakeholders are engaged in developing emergency response plans. Following an emergency response to an environmental health problem or natural disaster, stakeholders are convened to review how the situation was handled, and this debriefing is documented with a written summary of findings and recommendations. | <ol style="list-style-type: none"> 1. After Action Review Nisqually Earthquake - PHSKC 2. Threat, Outbreak, or Exposure Summary- Whatcom | Both examples include participation of multiple agencies, clearly describe conclusions and learning from the specific response and make recommendations for improvement of future emergency response. |
| EH 2 2 EH s 2.2.2 | Consultation and technical assistance are provided to LHJs and other agencies on emergency preparedness, as documented by case write-ups or logs. Following an emergency response to an environmental health problem or natural disaster, LHJs and other agencies are convened to review | <ol style="list-style-type: none"> 1. Division of Radiation Protection - DOH Response to the DOE-RL Alert for the Hanford Wildfire "24 Command" | |

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| | how the situation was handled. This debriefing is documented with a written summary of findings and recommendations. | | |
| EH 2 3 EH L 2.4.3 | Procedures are in place to monitor access to services and to evaluate the effectiveness of emergency response plans. Findings and recommendations for emergency response policies are included in reports to the BOH. | <ol style="list-style-type: none"> 1. Emergency event flowchart - TPCHD 2. Health event flow chart - TPCHD | These 2 flowcharts from TPCHD describe criteria for evaluating the effectiveness of an emergency response but only partially demonstrate the measure. To fully demonstrate the measure the documentation must describe how the public's access to services is monitored (such as ERs, hospitals, drinking water) and that the findings and recommendations are reported to the BOH. |
| EH 2 3 EH s 2.4.3 | Written procedures are maintained and disseminated for how to obtain consultation and technical assistance regarding emergency preparedness. Procedures are in place to monitor access to services and to evaluate the effectiveness of emergency response plans. Policies are revised based on event debriefing findings and recommendations. | <ol style="list-style-type: none"> 1. Maintaining Emergency Preparedness – Radiation Protection | |
| EH 2 4 EH L 2.5.4 EH s 2.5.4 | There is a plan that describes LHJ / DOH internal roles and responsibilities for environmental events or natural disasters that threaten the health of the people. There is a clear link between this plan and other local emergency response plans. | <ol style="list-style-type: none"> 1. Employee Emergency Handbook - Thurston 2. CD/EH Emergency Response Manual - Introduction - PHSKC 3. Emergency Response Manual Table of Contents - PHSKC 4. Roles of EH & CD – PHSKC 5. Disaster Preparation and | The three documents from PHSKC describe the purpose, table of contents, and major roles of the Emergency Response Manual. Links for the entire manual are found in the LHJ folder for this measure (EH 2 4). |

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| | | Response Plan - Snohomish 6. Health Event Flowchart -TPCHD – 7. Emergency Response Flowchart – TPCHD 8. Maintaining Emergency Preparedness – Radiation Protection 9. After Hour Responses to Pollution Events and Disease Outbreaks – Food Safety & Shellfish 10. Health Advisory Issuance “Mock” Exercise – Drinking Water | |
| EH 2 5 EH L 2.7.5 | Key staff members are trained in risk communication and use of the LHJ emergency response plan. | 1. Staff Assessment Matrix for emergency response - Thurston 2. All Staff Training Day - SWWHD | This measure requires documentation of training in both risk communication and emergency response plan. The incident matrix does not demonstrate the measure, but would demonstrate the emergency plan portion of the measure if the assessment had been completed for all key staff. |
| EH 2 5 EH s 2.7.5 | All DOH program staff are trained in risk communication and use of the DOH emergency response plan, as evidenced by training documentation. | 1. Maintaining Emergency Preparedness – Radiation Protection 2. Food Program Monthly Report – Food Safety and Shellfish | 1. This plan describes the training process and expectations of staff, but does not document that all staff have been trained. Therefore this only partially demonstrates the measure. 2. Report lists some training, only partially demonstrates measure. |

ENVIRONMENTAL HEALTH Standard 3: Both environmental health risks and environmental health illnesses are tracked, recorded and reported.

| NUMBER | MEASURE | BEST PRACTICE DOCUMENTATION AND SOURCE | COMMENTS |
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| EH 3 1 EH L 3.2.1 | Environmental health data is available for community groups and other local agencies to review. | 1. Environmental Health 2001 report to BOH – Chelan-Douglas 2. www.metrokc.gov/health 3. Report to the BOH on Meth Labs - Grant | |
| EH 3 1 EH s 3.2.1 | Coordination is provided in development of data standards for environmental health indicators. Information based on the surveillance system is developed and provided to LHJs and other state stakeholders. | 1. 2001 BRFSS – Jefferson | |
| EH 3 2 EH 3 2 EH L 3.6.2 EH s 3.6.2 | A (statewide) surveillance system is in place to record and report key indicators for environmental health risks and related illnesses. Information is tracked and trended over time to monitor trends. A system is in place to assure that data is shared routinely to local, state and regional agencies. | 1. EH FY 2003 Work Plan – Whatcom 2. Drinking Water Program Goals for FY 2003-Jefferson 3. EH Annual Report – 2000 – Benton-Franklin | There must be demonstration that the data results of tracking and analyzing key EH indicators is shared with local, state, and regional agencies to fully demonstrate the measure. These 3 examples only demonstrate the first 2 requirements (a surveillance system is in place and monitoring trends) and only partially meet the measure. |
| EH 3 3 EH L 3.8.3 | A quality improvement plan includes consideration of environmental health information and trends, findings from public input, evaluation of health education offerings, and information from | 1. Goals for FY 2003-Jefferson 2. EH FY 2003 Work Plan – Whatcom 3. Client Satisfaction Survey – Kittitas | Kittitas survey provides a tool for collecting public input, but only partially demonstrates the measure. |

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| | compliance activity. | | |
| EH 3 3 EH s 3.8.3 | A quality improvement plan includes consideration of analysis of environmental health information and trends, findings from debriefings, evaluation of health education offerings, and information from compliance activity. | No exemplary practices identified. | |

ENVIRONMENTAL HEALTH Standard 4: Compliance with public health regulations is sought through enforcement actions.

| NUMBER | MEASURE | BEST PRACTICE DOCUMENTATION AND SOURCE | COMMENTS |
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| EH 4 1 EH 4 1 EH L 4.1.1 EH s 4.1.1 | Written policies, local ordinances, laws and administrative codes are accessible to the public. | <ol style="list-style-type: none"> 1. FDA 2001 Model Food Code – Food Safety & Shellfish 2. www.co.thurston.wa.us/health/ehoss/index.html 3. www.metrokc.gov/health/boh/code/ 4. www.access.wa.gov/government/awlaws.asp | |
| EH 4 2 EH L 4.4.2 | Compliance procedures are written for all areas of environmental health activity. The procedures specify the documentation requirements associated with enforcement action. Documentation demonstrates that environmental health work conforms with policies, local ordinances and state statutes. | <ol style="list-style-type: none"> 1. Water and waste enforcement – TPCHD 2. Food Program Plan – San Juan 3. Enforcement Policy – San Juan 4. Enforcement procedures – Chelan-Douglas 5. Food Facility Closure Procedure – Cowlitz 6. Pool Procedures Manual – Whatcom | The San Juan Food Program Plan and Chelan Douglas chart are examples of compliance procedures that include the requirement for documentation. The Jefferson OSS chart demonstrates the requirement for showing that EH work conforms with policies, ordinances, and statutes. To fully demonstrate the measure the LHJ would need procedures for all EH programs and at least 1 example of how work conforms to the procedure. |
| EH 4 2 EH s 4.2.2 | Information about best practices in environmental health compliance activity is gathered and disseminated, including form templates, time frames, interagency coordination steps, hearing procedures, citation issuance, and documentation requirements. | No exemplary practices identified. | |

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| EH 4 3 EH 4 4 EH L 4.5.3 EH s 4.4.4 | There is a documented process for periodic review of enforcement actions. | 1. Food Permit Review - Lewis – 2. Inspection Performance Measures – Food Safety and Shellfish | |
| EH 4 3 EH s 4.4.3 | Compliance procedures are written for all areas of environmental health activity carried out by DOH. Documentation demonstrates that environmental health work conforms with policies, local ordinances and state statutes. | 1. Regional Office Enforcement Activities – Drinking Water 2. Drinking Water - Performance Measures Development Table (6/10/02) | Documentation must demonstrate that staff work conforms with procedures through work audits or quality review of EH cases. These two documents only partially meet the measure because they don't document actual staff performance against measures. |
| EH 4 4 EH 4 5 EH L 4.6.4 EH s 4.6.5 | An environmental health tracking system enables documentation of the initial report, investigation, findings, enforcement, and subsequent reporting to other agencies as required. | 1. Envision Database presentation - TPCHD 2. Incident Summary – Drinking Water | |
| EH 4 5 EH 4 6 EH L 4.7.5 EH s 4.7.6 | Environmental health staff members are trained on compliance procedures, as evidenced by training documentation. | 1. 2001 Continuing Education Report – Lincoln 2. Staff Qualifications and Training policy – Radiation Protection 3. Food Monthly Report – Food Safety & Shellfish 4. Lead Inspector Work Plan – Food & Shellfish | The training policy for Radiation Protection does not fully meet the measure because it does not document that staff have been trained. |

Prevention is Best: Promoting Healthy Living: Standards for Prevention and Community Health Promotion

PREVENTION AND PROMOTION Standard 1: Policies are adopted that support prevention priorities and that reflect consideration of scientifically-based public health literature.

| NUMBER | MEASURE | BEST PRACTICE DOCUMENTATION AND SOURCE | COMMENTS |
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| PP 1 ¹ PP L 1.2.1 | Prevention and health promotion priorities are selected with involvement from the BOH, community groups and other organizations interested in the public's health. | <ol style="list-style-type: none"> 1. Criteria for Evaluating Priorities – PHSKC 2. Priority Setting Worksheet – PHSKC 3. Goals and Strategies (BOCC) and Key Areas – Jefferson 4. Clark County Youth Suicide Prevention – SWWHD 5. MCH 3/02 BOH Presentation - Thurston 6. Tobacco Report. - Grays Harbor 7. Substance Abuse Presentation – Island 8. SEP Presentation. - Thurston | |
| PP 1 ¹ PP s 1.1.1 | Reports about new or emerging issues that contribute to health policy choices are routinely developed and disseminated. Reports include information about best practices in prevention and health promotion programs. | <ol style="list-style-type: none"> 1. HIV Prevention Project Progress Report 2. Protocol for Diagnostic Audiological Assessment 3. Pediatric Audiology Services Guide | The 2 audiology documents together demonstrate information on best practices and health promotion but do not include a report that contributes to health policy choices and only partially demonstrates the measure. |
| PP 1 ² PP L 1.3.2 | Prevention and health promotion priorities are adopted by the BOH, based on assessment information, local issues, funding availability, program evaluation, and experience | <ol style="list-style-type: none"> 1. Tobacco Prevention Framework - TPCHD 2. Clark County Youth Suicide Prevention – SWWHD 3. Alcohol Abuse Presentation - TPCHD | |

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| | in service delivery, including information on best practices or scientific findings. | | |
| PP 1 2 PP s 1.2.2 | Consultation and technical assistance is available to assist LHJs in proposing and developing prevention and health promotion policies and initiatives. Written procedures are maintained and shared, describing how to obtain consultation and assistance regarding development, delivery, or evaluation of prevention and health promotion initiatives. | <ol style="list-style-type: none"> 1. Combined Team Roles and Responsibilities - MCH 2. Combined Team Workplan - MCH 3. Program Evaluation Plan Local Process Objectives - CDR 4. General Consultation Request - HP 5. Community Assessment Liaison Job Summary – NICE 6. Early Learning Grant development correspondence | |
| PP 1 3 PP L 1.5.3 | Prevention and health promotion priorities are reflected in the goals, objectives and performance measures of the LHJ's annual plan. Data from program evaluation and key indicators is used to develop strategies. | <ol style="list-style-type: none"> 1. FY 2003 Work Plan - Whatcom 2. 2003 Performance Measures: Community Health – Family Support - Jefferson 3. 2003 Performance Measures: Community Health – Prevention - Jefferson 4. Family Planning Logic Model - SWWHD 5. Clark County Youth Suicide Prevention – SWWHD 6. Youth Violence Prevention Presentation - TPCHD 7. Collaborative Assessment Summary - San Juan 8. Healthy Youth Coalition - Jefferson 9. 2002 SE Report (Needle Exchange) - Cowlitz | |

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| PP 1 3 PP s 1.5.3 | Priorities are set for prevention and health promotion services, and a statewide implementation plan is developed with goals, objectives and performance measures. | 1. www.doh.wa.gov/cfh/HIV_AIDS/Prev_Edu/2002_HIV_PREVENTION_PLAN.pdf 2. Program Workplan - CDR | |
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| PP 1 4 PP s 1.8.4 | The statewide plan is evaluated and revised regularly, incorporating information from health assessment data and program evaluation. | 1. Prevention Project Progress Report - HIV | |
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PREVENTION AND PROMOTION Standard 2: Active involvement of community members is sought in addressing prevention priorities.

| NUMBER | MEASURE | BEST PRACTICE DOCUMENTATION AND SOURCE | COMMENTS |
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| PP 2 1 PP 2 1 PP L 2.2.1 PP s 2.1.1 | The LHJ / DOH provides leadership in involving community members in considering assessment information to set prevention priorities. | <ol style="list-style-type: none"> 1. PHSS Staff Community Involvement Assessment Tool - TPCHD 2. www.metrokc.gov/kchap 3. Unintended Pregnancy Final Report - Spokane 4. Healthy Youth Coalition Principles - Jefferson 5. Raising a Healthy Youth Coalition - Jefferson 6. Every Moment Counts-SWWHD 7. Health Issue Synopsis - Island 8. Risk Factor Ballot - Pacific | |
| PP 2 2 PP 2 2 PP L 2.2.2 PP s 2.2.2 | A broad range of [community] partners takes part in planning and implementing prevention and health promotion efforts to address selected priorities for prevention and health promotion. | <ol style="list-style-type: none"> 1. ABCD Dental Program – Benton Franklin 2. (ABCDE) PROGRAM - Spokane 3. Preventive Health Screening Exercise – San Juan 4. A Day at the Beach - Lincoln 5. Tobacco Free Council Meeting Minutes - PHSKC 6. Community Health Advisory Board – Island 7. Every Moment Counts-SWWHD 8. Program Evaluation Plan Local Process Objectives - CDR 9. First Steps Tobacco Cessation Pilots Overview | |

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| PP 2 3 PP 2 5 PP L 2.7.3 PP s 2.7.5 | Staff members have training in community mobilization methods as evidenced by training documentation. | 1. Finding and Involving the Right Person – TPCHD | This document only partially demonstrates the measure because it does not document any staff participants in training. |
| PP 2 3 PP s 2.2.3 | Information about community mobilization efforts for prevention priorities is collected and shared with LHJs and other stakeholders. | 1. HIV Project Progress Report | |
| PP 2 4 PP s 2.5.4 | The statewide plan for prevention and health promotion identifies efforts to link public and private partnerships into a network of prevention services. | 1. www.doh.wa.gov/cfh/HIV_AIDS/Prev_Edu/2002_HIV_PREVENTION_PLAN.pdf 2. Program Evaluation Plan - CDR | |

PREVENTION AND PROMOTION Standard 3: Access to high quality prevention services for individuals, families, and communities is encouraged and enhanced by disseminating information about available services and by engaging in and supporting collaborative partnerships.

| NUMBER | MEASURE | BEST PRACTICE DOCUMENTATION AND SOURCE | COMMENTS |
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| PP 3 1 PP L 3.1.1 | Summary information is available to the public describing preventive services available in the community. This may be produced by a partner organization or the LHJ, and it may be produced in a paper or web-based format. | <ol style="list-style-type: none"> 1. www.metrokc.gov/health 2. www.4people.org 3. Youth Yellow Pages – Jefferson 4. Help Youth card – Jefferson 5. HEP- Heard Database - Spokane | |
| PP 3 1 PP s 3.1.1 | The DOH supports best use of available resources for prevention services through leadership, collaboration and communication with partners. Information about prevention and health promotion evaluation results is collected and shared statewide. | <ol style="list-style-type: none"> 1. Prevention Project Progress Report - HIV 2. www.doh.wa.gov/cfh/hiv.htm 3. Parent Survey Results - CHILD 4. Program Data Newsletter - CDR | |
| PP 3 2 PP L 3.6.2 | Local prevention services are evaluated and a gap analysis that compares existing community prevention services to projected need for services is performed periodically and integrated into the priority setting process. | <ol style="list-style-type: none"> 1. www.metrokc.gov/health/kchap/ 2. www.metrokc.gov/health/kgc 3. Gaps in Early Intervention Services – San Juan CHD 4. Unintended Pregnancy Final Report - Spokane 5. 2002 SE Report (Needle Exchange) - Cowlitz | |
| PP 3 2 PP s 3.5.2 | Prevention programs, provided directly or by contract, are evaluated against performance measures and incorporate | <ol style="list-style-type: none"> 1. www.doh.wa.gov/cfh/HIV_AIDS/Prev_Edu/2002_HIV_ATTACHMENTS.pdf 2. Program Evaluation Plan - CDR | |

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| | assessment information. In addition, a gap analysis that compares existing prevention services to projected need for services is performed periodically and integrated into the priority setting process. | 3. Accreditation Standards – Injury Prevention | |
| PP 3 3 PP L 3.5.3 | Results of prevention program evaluation and analysis of service gaps are reported to local stakeholders and to peers in other communities. | 1. www.metrokc.gov/health/kchap/ 2. Gaps in Early Intervention Services – San Juan 3. Unintended Pregnancy Final Report - Spokane 4. First Annual Evaluation – Cowlitz | |
| PP 3 4 PP 3 3 PP L 3.7.4 PP s 3.7.3 | Staff have training in program evaluation methods as evidenced by training documentation. | 1. Quality Training – SWWHD 2. Evidence – Based Public Health Evaluation Training – MCH 3. Evidence – Based Public Health Evaluation Training exercises – MCH | Both these presentations include program evaluation content, but only partially demonstrate measure because there is no documentation of staff attendance. |
| PP 3 5 PP 3 4 PP L 3.8.5 PP s 3.8.4 | A quality improvement plan incorporates program evaluation findings, evaluation of community mobilization efforts, use of emerging literature and best practices and delivery of prevention and health promotion services. | 1. Health District Quality Council – SWWHD 2. QI Plan Objectives - SWWHD 3. Tuberculosis Quality Improvement Matrix – Grays Harbor 4. Program Evaluation Plan - CDR 5. Syphilis Elimination Proposal – STD 6. South Central Region Quarterly Report – Yakima | |

PROMOTION AND PREVENTION Standard 4: Prevention, early intervention and outreach services are provided directly or through contracts.

| NUMBER | MEASURE | BEST PRACTICE DOCUMENTATION AND SOURCE | COMMENTS |
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| PP 4 1 PP L 4.3.1 | Prevention priorities adopted by the BOH are the basis for establishing and delivering prevention, early intervention and outreach services. | <ol style="list-style-type: none"> 1. www.metrokc.gov/health/reach/ 2. www.metrokc.gov/health/kgc 3. Prevention Priorities 2002 Evaluation Plan - TPCHD | |
| PP 4 1 PP s 4.2.1 | Consultation and technical assistance on program implementation and evaluation of prevention services is provided for LHJs. There is a system to inform LHJs and other stakeholders about prevention funding opportunities. | <ol style="list-style-type: none"> 1. Combined Team Roles and Responsibilities - MCH 2. Program Work Plan - CDR 3. Washington Infancy Report - MIH 4. Immunization Assessment Capacity Building Project | |
| PP 4 2 PP L 4.4.2 | Early intervention, outreach and health education materials address the diverse local population and languages of the intended audience. Information about how to select appropriate materials is available to and used by staff. | <ol style="list-style-type: none"> 1. www.metrokc.gov/health/reports/aianreport.pdf 2. Emerging Drug Use report - Thurston 3. Material Magic Manual - SWWHD 4. Formative Evaluation Methods - PHSKC 5. Substance Abuse Resource Center – Whatcom 6. Nutrition Resource document - Grant | |
| PP 4 2 PP s 4.4.2 | Outreach and other prevention interventions are reviewed for compliance with science, professional standards, and state and federal requirements. Consideration of professional requirements | <ol style="list-style-type: none"> 1. www.cdc.gov/hiv/aboutdha/p/perb/hdg.htm 2. Motor Vehicle Crash Recommendations - CDR | |

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| | and competencies for effective prevention staff is included. | | |
| PP 4 3 PP L 4.5.3 | Prevention programs collect and use information from outreach, screening, referrals, case management and follow-up for program improvement. Prevention programs, provided directly or by contract, are evaluated against performance measures and incorporate assessment information. The type and number of prevention services are included in program performance measures. | <ol style="list-style-type: none"> 1. Tuberculosis Chart Evaluation Tool – Grays Harbor 2. Logic Model Worksheet – Whatcom 3. HIV Actual Intervention Summary Report - Yakima 4. Prevention Priorities 2002 Evaluation Plan – TPCHD 5. Goals and Objectives Review Instrument (GORI) - Kittitas | |
| PP 4 3 PP s 4.5.3 | Prevention services have performance measures that are tracked and analyzed, and recommendations are made for program improvements. | <ol style="list-style-type: none"> 1. HIV – Combined 2001 Prevention Report 2. Washington Infancy Report - MIH | |
| PP 4 4 PP 4 5 PP L 4.7.4 PP s 4.7.5 | Staff providing prevention, early intervention or outreach services have appropriate skills and training as evidenced by job descriptions, resumes or training documentation. | <ol style="list-style-type: none"> 1. Basic Tobacco Intervention Skills Certification Guidebook | This guidebook only partially demonstrates the measure because it does not document any staff participants in training. |
| PP 4 4 PP s 4.6.4 | Statewide templates for documentation and data collection are provided for LHJs and other contractors to support performance measurement. | <ol style="list-style-type: none"> 1. HIV Prevention Program Progress Report 2. Washington Infancy Report - MIH | |

PREVENTION AND PROMOTION Standard 5: Health promotion activities are provided directly or through contracts.

| NUMBER | MEASURE | BEST PRACTICE DOCUMENTATION AND SOURCE | COMMENTS |
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| PP 5 1 PP 5 1 PP L 5.1.1 PP s 5.1.1 | Health promotion activities are provided directly by LHJs / DOH or by contractors and are intended to reach the entire population or at-risk populations in the community. | <ol style="list-style-type: none"> 1. Radio KDNA Intervention - Yakima 2. Safe Kids Workplan 2002 – Benton Franklin 3. Infertility Prevention - STD 4. Program Work Plan - CDR | |
| PP 5 2 PP L 5.4.2 | Procedures describe an overall system to organize, develop, distribute, evaluate, and update health promotion materials. Technical assistance is provided to community organizations, including “train the trainer” methods. | <ol style="list-style-type: none"> 1. Measuring Your Success - PHSKC 2. Producing Public Education Materials - PHSKC 3. Creative Strategy Worksheet - PHSKC 4. Basic Guidelines for the Design of Print Materials - PHSKC 5. Translating Materials - PHSKC 6. Pre-Testing and Revising the Materials - PHSKC 7. Writing for Interest and Understanding - PHSKC 8. Health Education Work Plan - Whatcom | |
| PP 5 2 PP s 5.2.2 | Literature reviews of health promotion effectiveness are conducted and disseminated. Consultation and technical assistance on health promotion implementation and evaluation is provided for LHJs. There is a system to inform LHJs and other stakeholders about health promotion funding opportunities. | <ol style="list-style-type: none"> 1. MOU between DOH Diabetes Control Program and Health Plan or Clinic | |

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| PP 5 3 PP 5 4 PP L 5.5.3 PP s 5.5.4 | Health promotion efforts have goals, objectives and performance measures. The number and type of health promotion activities are tracked and reported, including information on content, target audience, number of attendees. There is an evaluation process for health promotion efforts that is used to improve programs or revise curricula. | 1. 2002 Peer-In Program - Jefferson 2. HIV Prevention and Education Summary report - Yakima 3. Quality Assurance and Improvement Action Plan – Yakima 4. South Central Region Quarterly Report – Yakima 5. Communication in Newborn Screening - PHL 6. Statement of Work – CHILDP Profile 7. Healthy Mothers, Healthy Babies Contract | |
| PP 5 3 PP s 5.4.3 | Health promotion activities are reviewed for compliance with science, professional standards, and state and federal requirements. Health promotion materials that are appropriate for statewide use and for key cultural or linguistic groups are made available to LHJs and other stakeholders through a system that organizes, develops, distributes, evaluates and updates the materials. | 1. Parent Survey Results – CHILDP Profile 2. Development of CHILDP Profile Health Promotion Materials 3. How to produce printed materials 4. Policy 5100 Materials Review – Family and Reproductive Health | |
| PP 5 4 PP 5 5 PP L 5.7.4 PP s 5.7.5 | Staff members have training in health promotion methods as evidenced by training documentation. | 1. 2001 Continuing Education Report – Lincoln | |

Helping People Get the Services They Need: Standards for Access to Critical Health Services

ACCESS Standard 1: Information is collected and made available at both the state and local level to describe the local health system, including existing resources for public health protection, health care providers, facilities, and support services.

| NUMBER | MEASURE | BEST PRACTICE DOCUMENTATION AND SOURCE | COMMENTS |
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| AC 1 1 AC L 1.1.1 | Up-to-date information on local critical health services is available for use in building partnerships with community groups and stakeholders. | <ol style="list-style-type: none"> 1. Health Access Summit 2001 - Jefferson 2. Strategies to Improve Access to Care - Thurston 3. Uninsured Needs Assessment - TPCHD | |
| AC 1 1 AC s 1.6.1 | A list of critical health services is established and a core set of statewide access measures established. Information is collected on the core set of access measures, analyzed and reported to the LHJs and other agencies. | <ol style="list-style-type: none"> 1. www.doh.wa.gov/sboh/Priorities/access/access.htm | The menu of Critical Health Services partially demonstrates this measure. A set of access measures must be established and data on actual access to services must be collected, analyzed and reported to LHJs and other agencies to fully demonstrate this measure. |
| AC 1 2 AC L 1.4.2 | LHJ staff and contractors have a resource list of local providers of critical health services for use in making client referrals. | <ol style="list-style-type: none"> 1. Agreement to Provide Early Access Services – San Juan 2. 4people Resources chart – Chelan Douglas 3. Alternative Support System - Klickitat | |
| AC 1 2 AC s 1.2.2 | Information is provided to LHJs and other agencies about availability of licensed health care providers, facilities and support services. | <ol style="list-style-type: none"> 1. First Steps Provider Directory – MIH 2. STD Services at Family Planning and STD Clinics 3. Access to Primary Care Physicians – CRH | |

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| AC 1 3 AC L 1.5.3 | The list of critical health services is used along with assessment information to determine where detailed documentation of local capacity is needed. | 1. Strategies to Improve Access to Care - Thurston 2. Access to Primary Care Physicians – CRH | |
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ACCESS Standard 2: Available information is used to analyze trends, which over time, affect access to critical health services.

| NUMBER | MEASURE | BEST PRACTICE DOCUMENTATION AND SOURCE | COMMENTS |
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| AC 2 1 AC L 2.6.1 | Data tracking and reporting systems include key measures of access. Periodic surveys are conducted regarding the availability of critical health services and barriers to access. | <ol style="list-style-type: none"> 1. Strategies to Improve Access to Care - Thurston 2. Access to Primary Care Physicians – CRH 3. Access to Oral Health Care Presentation – Kittitas 4. BOH Oral Health report - Snohomish | |
| AC 2 1 AC s 2.2.1 | Consultation is provided to communities to help gather and analyze information about barriers to accessing critical health services. | <ol style="list-style-type: none"> 1. Access to Primary Care Physicians – CRH | |
| AC 2 2 AC L 2.5.2 | Gaps in access to critical health services are identified using periodic survey data and other assessment information. | <ol style="list-style-type: none"> 1. Strategies to Improve Access to Care - Thurston 2. HPSA Options for Lewis County | |
| AC 2 2 AC s 2.4.2 | Written procedures are maintained and disseminated for how to obtain consultation and technical assistance for LHJs and other agencies in gathering and analyzing information regarding barriers to access. | <ol style="list-style-type: none"> 1. Immunization Assessment Capacity Building Project | |
| AC 2 3 AC L 2.3.3 | The BOH receives summary information regarding access to critical health services at least annually. | <ol style="list-style-type: none"> 1. http://www.metrokc.gov/health/kgc/redflagsurvey.htm 2. Parent-Child Health Programs BOH report – 10/01 – Snohomish 3. BoH Report Oral Health - Snohomish 4. Health Action Plan's Community Benefits | |

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| | | Program – PHSKC 5. Facing Spokane Poverty | |
| AC 2 3 AC s 2.6.3 | Gaps in access to critical health services are identified using periodic survey data and other assessment information. | 1. Services at Family Planning and STD Clinics | |
| AC 2 4 AC s 2.7.4 | Periodic studies regarding workforce needs and the effect on critical health services are conducted, incorporated into the gap analysis and disseminated to LHJs and other agencies. | 1. Services at Family Planning and STD Clinics | |

ACCESS Standard 3: Plans to reduce specific gaps in access to critical health services are developed and implemented through collaborative efforts.

| NUMBER | MEASURE | BEST PRACTICE DOCUMENTATION AND SOURCE | COMMENTS |
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| AC 3 1 AC L 3.2.1 | Community groups and stakeholders, including health care providers, are convened to address access to critical health services, set goals and take action, based on information about local resources and trends. This process may be led by the LHJ or it may be part of a separate community process sponsored by multiple partners, including the LHJ. | <ol style="list-style-type: none"> 1. Health Access Summit 2001 - Jefferson 2. Strategies to Improve Access to Care - Thurston 3. SAFE KIDS Action Plan 2002 - Spokane 4. Health Action Plan's Community Benefits Program – PHSKC 5. www.metrokc.gov/health/kgc | |
| AC 3 1 AC s 3.2.1 | Information about access barriers affecting groups within the state is shared with other state agencies that pay for or support critical health services. | <ol style="list-style-type: none"> 1. STD Services at Family Planning and STD Clinics 2. Cover letter for summary of sexually transmitted disease (STD) cases | These two documents fully demonstrate this measure. |
| AC 3 2 AC L 3.2.2 | Coordination of critical health service delivery among health providers is reflected in the local planning processes and in the implementation of access initiatives. | <ol style="list-style-type: none"> 1. Health Access Summit 2001 - Jefferson 2. Strategies to Improve Access to Care - Thurston 3. The Uninsured: Goals and Objectives – TPCHD 4. www.metrokc.gov/health/kgc 5. ABCD Dental Program – Benton Franklin | |
| AC 3 2 AC s 3.5.2 | State-initiated contracts and program evaluations include performance measures that demonstrate coordination of critical health services delivery among health providers. | <ol style="list-style-type: none"> 1. Healthy Mothers, Healthy Babies Contract | |

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| AC 3 3 AC L 3.5.3 AC s 3.8.4 | Where specific initiatives are selected to improve access, there is analysis of local data and established goals, objectives, and performance measures. | <ol style="list-style-type: none"> 1. Safe Kids Action Plan 2002 - Spokane 2. The Uninsured: Goals and Objectives – TPCHD 3. Logic model matrix - PHSK | |
| AC 3 3 AC s 3.4.3 | Protocols are developed for implementation by state agencies, LHJs and other local providers to maximize enrollment and participation in available insurance coverage. | <ol style="list-style-type: none"> 1. Immunization Benchmarking Survey Packet | |

ACCESS Standard 4: Quality measures that address the capacity, process for delivery and outcomes of critical health services are established, monitored and reported.

| NUMBER | MEASURE | BEST PRACTICE DOCUMENTATION AND SOURCE | COMMENTS |
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| AC 4 1 AC L 4.8.1 | Clinical services provided directly by the LHJ or by contract have a written quality improvement plan including specific quality-based performance or outcome measures. Performance measures are tracked and reported. | <ol style="list-style-type: none"> 1. Health District Quality Council – SWWHD 2. QI Plan OBJECTIVES - SWWHD 3. Family Planning Quality Assurance and Audit – Pacific 4. Family Planning QA – Pacific 5. Quality Improvement Program – PHSKC 6. Quality Improvement Committee 2002 Work Plan – PHSKC | |
| AC 4 1 AC s 4.2.1 | Information about best practices in delivery of critical health services is gathered and disseminated. Summary information regarding delivery system changes is provided to LHJs and other agencies. | <ol style="list-style-type: none"> 1. Protocol for Diagnostic Audiological Assessment 2. Qualified Audiology Services Guide | These 2 documents describe a best practice for hearing screening linked to genetics and a list of audiologists trained in the protocol which demonstrates disseminating the best practice. |
| AC 4 2 AC L 4.7.2 | Staff members are trained in quality improvement methods as evidenced by training documentation. | <ol style="list-style-type: none"> 1. Quality Training – SWWHD 2. Fundamentals of process improvement – PHSKC | |
| AC 4 2 AC s 4.7.2 | Training on quality improvement methods is available and is incorporated into grant and program requirements. | No exemplary practices identified. | |

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| AC 4 3 AC s 4.8.3 | Regulatory programs and clinical services administered by DOH have a written quality improvement plan including specific quality-based performance or outcome measures. | 1. HIV EIP Quality Management Program 2. Quality Assurance Plan - PHL | |
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